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Mitigating emotional exhaustion and disability claims: the roles of health and well-being climate and supervisor support

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Introduction: This study examines the effect of the Health and Well-being Climate (HWC) and the moderating role of supervisor support on employees' emotional exhaustion and insurance claims, grounded in the Conservation of Resources theory.

Methods: Quantitative data were collected from 661 employees across 17 organizations in Canada, and group insurance claims data for these employees were also analyzed. Structural equation modeling was conducted using IBM SPSS AMOS 28.0 to test all hypotheses.

Findings: The results indicate that a positive perception of the HWC among employees reduces both emotional exhaustion and the number of disability claims. Furthermore, supervisor support moderates the relationship between HWC and emotional exhaustion. High levels of emotional exhaustion and disability claims from employees can result in significant direct and indirect costs for employers. This study aims to provide organizations, managers, and practitioners with insights into effective strategies for mitigating these costs.

KEYWORDS

health and well-being climate, supervisor support, occupational health and well-being, insurance claims, emotional exhaustion

1 Introduction

Recent data on occupational health raises concern. In Canada, over 500,000 Canadians miss work each week due to mental health issues, resulting in annual costs of ~$50 billion and representing more than 30% of disability claims (Mental Health Commission of Canada, 2018). A 2021 report states that 50% of full-time US workers have already left a job due in part to mental health issues (Greenwood and Anas, 2021). Also, according to the World Health Organization (2022), 12 billion working days are lost each year due to depression and anxiety, costing US$ 1 trillion annually from decreased productivity. Among the proposed solutions, implementing Workplace Health and Well-being Programs (WHWP) could address these health challenges and promote healthy lifestyles among employees. WHWP are employer initiatives aimed at improving the health and well-being of workers by raising awareness, changing behaviors and creating a working environment that supports good health practices (Aldana, 2001; Goetzel et al., 2014; Ellis et al., 2020; Fox et al., 2022).

With the growing presence of these programs in organizations over the past decades, many have sought to understand the connections between WHWP, employee health, and organizational performance (e.g., Baxter et al., 2014; Bélanger et al., 2016; Goetzel et al., 2014; Goh et al., 2015; Hall et al., 2017; Song and Baicker, 2019; Van der Voordt and Jensen, 2021). Indeed, WHWP can be expensive, and implementing or maintaining

such a program is often an economic decision based on the return on investment. However, studies on the effectiveness of WHWP appear to yield contradictory results. For some, these programs positively affect organizations, work, and employees' health by encouraging healthier behaviors, reducing the prevalence of chronic diseases, and enhancing productivity and organizational performance (Gubler et al., 2018; Payne et al., 2018). Yet, other studies indicate that these programs have limited benefits, particularly regarding behavior change, productivity, or return on investment (Baxter et al., 2014; Gowrisankaran et al., 2013; Jones et al., 2018). A recent study by Fleming (2023) shows that workplace individual interventions to promote well-being have no effect on employee well-being. Furthermore, workplace health and well-being practices can vary significantly between organizations, making it challenging to reach a consensus on which practices truly affect employees' health, well-being, and organizational performance. Given these ambiguities, it is relevant to ask whether there are contextual factors that could influence the effect of these programs (e.g., climate, culture, organizational support, nature of practices deployed, participation rates, age of employees, types of jobs, etc.).

In this article, using the Conservation of resources (COR) theory (Hobfoll, 1989; Hobfoll et al., 2018), we propose that employees' perception of the Health and Well-being Climate (HWC) constitutes an overlooked resource and performance driver in previous studies. Organizational climate refers to employees' perceptions of organizational characteristics, including policies, procedures, and practices (Schneider, 1975; Schneider and Barbera, 2014). It is distinct from culture, generally defined at a more macro level than climate (Ehrhart et al., 2013). Several studies have approached organizational climate from various perspectives, such as service, justice, or safety climate (Schneider et al., 2017). This article discusses the notion of Health and Well-being Climate (HWC), which we define as employees' perception of the organization's importance to their health and well-being. Unlike safety climate (Zohar, 2003), which encompasses the environment related to physical health and safety and has been proven to anticipate individual safety behaviors (see Zohar, 1980), or psychosocial safety climate, which emphasizes the prevention of psychological health and safety (Dollard and Bakker, 2010), HWC aims to be more comprehensive by encompassing employees' physical and psychological health and well-being. HWC informs employees about the organization's commitment to health and well-being and guides appropriate behaviors to foster it.

This research aims to highlight the significance of the HWC in the workplace. First, it will examine the influence of the HWC on employees' emotional exhaustion and insurance claims profile. We define emotional exhaustion as the "feelings of being emotionally overextended and depleted of one's emotional resources" (Maslach, 1998; p. 69). Moreover, this article will examine the moderating role of supervisor support between HWC, emotional exhaustion and the insurance claims profile. We define supervisor support for HWC as employees' assessment of their supervisors' interest in their health and well-being within the work context. Managers are essential to employees' perceptions and assessment of their organization's climate (Kaluza et al., 2021; Day et al., 2014). As the primary interface between employees and the organization, managers play a pivotal role in disseminating and maintaining health and well-being workplace climate (Kaluza et al., 2021; Rudolph et al., 2020; Day et al., 2014; Farokhi and Murty, 2014).

The following section introduces the theoretical framework and develops the research hypotheses. Then, the main findings are presented after outlining the methodology and testing the hypotheses. Finally, this article highlights theoretical and practical implications, limitations, and future research directions.

2 Theoretical framework and hypotheses

2.1 The effect of health and well-being climate on emotional exhaustion

As suggested by our theoretical framework, HWC would serve as a resource for safeguarding employees against emotional exhaustion (Jeung and Chang, 2021). Emotional exhaustion denotes a state of chronic fatigue characterized by a lack of energy and a feeling of depletion of emotional resources (Maslach and Jackson, 1981). This dimension is central to burnout (Cropanzano et al., 2003; Halbesleben and Bowler, 2007; Maslach, 1982) and arises from exposure to stressors, as it represents a severe tension reaction to chronic work-related stress (Maslach et al., 2001). Emotionally exhausted employees tend to exhibit behaviors that can negatively impact the organization, such as an increased intent to leave, lower job performance, or reduced engagement (Cropanzano et al., 2003). Additionally, emotionally exhausted employees are prone to developing more health problems (Chen et al., 2022), increased absenteeism, or higher presenteeism rates (Beauchamp Legault et al., 2023). According to the Conservation of Resources theory (Hobfoll, 1989), emotional exhaustion occurs when there is a perceived threat or an actual loss of resources and when the individual feels unable to counteract this loss (Hobfoll, 2002). Individuals strive to obtain, preserve, enhance, and protect the elements (resources) they value (Hobfoll, 1989). Stress arises when individuals perceive they are losing the resources necessary to meet challenges (Hobfoll, 1989). Employees' favorable perception of HWC is a resource that could have a protective effect against exhaustion (Dextras-Gauthier and Marchand, 2016; Dimitrios and Konstantinos, 2014). Recent studies indicate that a supportive work environment for employees' health and well-being negatively impacts emotional exhaustion, as it helps employees in preventing resource depletion (Rathert et al., 2022; Sonnentag et al., 2023).

The Conservation of Resources theory also encompasses the principle of the caravan of resources (Hobfoll et al., 2018). This principle helps us understand how environments and contexts can create conditions that are conducive to or hostile to creating or maintaining resources. Resources do not exist in isolation; some emerge when a combination of conditions is present (Hobfoll, 2011). Employees recognize the organization's resources to support their health and well-being, and these perceptions subsequently influence their behaviors and attitudes at work (Vandenberg et al., 2002). An organizational climate favorable to employees' health and well-being would indicate that the organization provides resources that promote and protect employees' health and well-being.

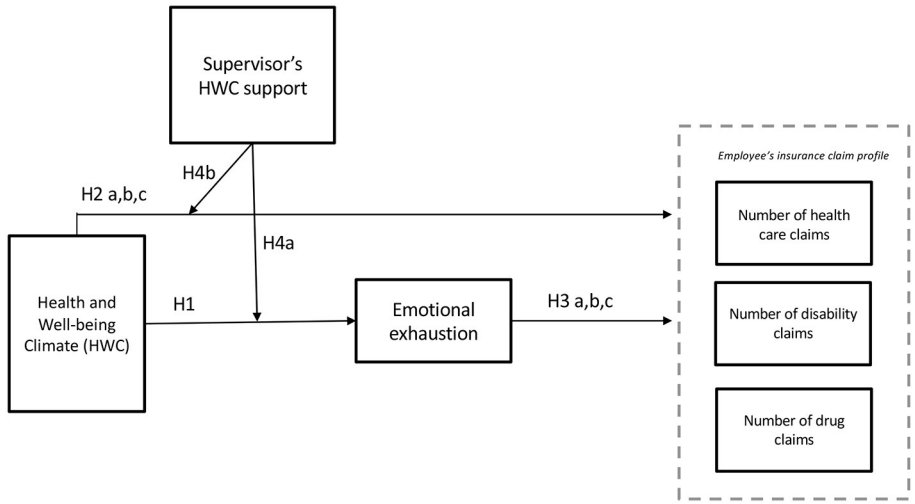

FIGURE 1
Theoretical model of this study and hypotheses.

Employees facing stress-generating situations at work could rely on their organization to increase their resource pool, thereby reducing emotional exhaustion. We thus propose the following hypothesis:

H1: A positive perception of HWC is negatively associated with employees' emotional exhaustion.

Figure 1 presents our study's theoretical model and hypotheses, which will be detailed in this section.

2.2 The effect of health and well-being climate and emotional exhaustion on employees' insurance claims profile

The employee insurance claims profile provides relevant information about employees' health and reflects an individual's general state of health (Konrad et al., 2019). Reports suggest that when employees' health is compromised, they tend to make more insurance claims, resulting in higher costs for organizations (Jones et al., 2018; Thériault, 2022). The presence of an HWC might help decrease these claims, by providing an environment more conducive to individual health and well-being. In line with the Conservation of Resources theory (Hobfoll et al., 2018), we believe employees' perceptions of HWC can affect their insurance claims profiles. A positive perception of the HWC provides resources that are beneficial to employees' health (e.g., a work environment focused on prevention, awareness, communication, and the implementation of practices and programs). Consequently, employees are less likely to become ill or experience poor well-being compared to organizations that do not provide this type of wellness-oriented support culture. Specifically, we believe that employees perceiving a high HWC would tend to file fewer healthcare, disability, and drug claims.

H2: Employee's positive perception of HWC is negatively associated with (a) the number of health care claims, (b) the number of disability claims, and (c) the number of drug claims.

Moreover, the negative health consequences associated with significant emotional exhaustion may increase employees' insurance claims for physical and psychological health issues (Maslach et al., 2001; Weziak-Bialowolska et al., 2023). Organizations subscribing to and offering group insurance to their employees might incur significant expenses due to their employees' poor health. Mental health issues, such as emotional exhaustion, could increase employees' predisposition to make more health-related insurance claims (Mental Health Commission of Canada, 2018; Weziak-Bialowolska et al., 2023). According to the Conservation of Resources theory (Hobfoll, 1989; Hobfoll et al., 2018), stress occurs when resources are lost. Resource loss can also result in other losses, a principle known as the "resource loss spiral" in Hobfoll's theory, which can affect employees' well-being (Hobfoll, 1989; Hobfoll et al., 2018). An employee experiencing emotional exhaustion would, therefore, be more sensitive to further resource loss, thereby increasing the propensity to make insurance claims related to physical or psychological health issues. We propose that an emotionally exhausted employee may be more likely to make claims related to healthcare, disability, and drugs, leading us to the third hypothesis:

H3: Emotional exhaustion is positively associated with (a) healthcare claims, (b) disability claims, and (c) drug claims.

2.3 The moderating role of supervisor support

The supervisor plays an essential role in spreading the organizational climate, support, and practices to employees (Valentino, 2004; Haas, 2020). Studies show that supervisor support has positive outcomes for employees' job satisfaction (Erdeji et al., 2016) organizational attachment (Afzal et al., 2019) and decreases the intention to quit (Gordon et al., 2019). Supervisor support is recognized as a key relationship in the workplace that has a

beneficial effect on employees' mental health (Donaldson-Feilder and Lewis, 2017; Haas, 2020). Supervisor support as a form of social support can shield individuals from the negative effects of stress. Aligned with the Conservation of Resources theory (Hobfoll, 1989), the supervisor can act as a resource facilitator for employees by providing social support, which minimizes resource loss and promotes resource gain for employees. This construct has been demonstrated in several studies to be a component that promotes individuals' health, particularly mental health (Dimoff and Kelloway, 2017; Mansour and Tremblay, 2016; Plaisier et al., 2007). Social support, especially from managers, can have a positive influence on their employees' health and well-being (Rudolph et al., 2020; Brady et al., 2025).

Supervisor support seems to be a crucial resource for workplace health and well-being (Hämmig, 2017; Dimoff and Kelloway, 2017). and should be considered a critical factor in promoting HWC. Leaders and managers who embrace the values of a health and well-being climate in the workplace are more likely to support the health and well-being of their employees through their management practices. We propose that the association between HWC, emotional exhaustion, and the insurance claims profile is moderated by the supervisor's HWC support. This association would be stronger with a high level of perceived supervisor support than with a low level of support.

H4: The association between HWC, (a) emotional exhaustion, and (b) the insurance claims profile (i.e., healthcare, disability, and drug claims) is moderated by the supervisor's occupational health and well-being climate (HWC) support. This relationship is stronger with a high level of perceived supervisor support than with a low level of support.

3 Methodology

3.1 Data collection and sample

The data for this study were collected from December 2019 to July 2021 using an online questionnaire. The questionnaire targeted 6,522 employees across 59 Canadian organizations from various sectors, including municipalities, finance and insurance, education, health care, information technology, manufacturing, mining, … A final sample of 3,017 respondents was obtained, yielding a response rate of 46%. Among these respondents, 741 consented to provide their group insurance certificate number so researchers could match their questionnaire with their group insurance profile. All employees were insured by the same insurance company. Subsequently, the insurer transmitted the employees' insurance claims profiles to the researchers, which included data regarding the employees' disability, drug, and healthcare claims. As this study focuses on group insurance claims profiles, only questionnaires from respondents who consented to the association of their claims profile with their questionnaire were included in the analysis. Out of 741 respondents who provided their insurance certificate number, a total of 661 questionnaires from employees across 17 organizations in various sectors (including municipalities, finance and insurance, education, and health care), were retained after excluding those with missing values.

3.2 Descriptive statistics

Regarding the descriptive statistics of this sample, 51.7% of the participants identify as female. Participants' ages range from 21 to 68 years, with an average of 43.48 years and a standard deviation of 10.43 years. 35.5% of participants hold a bachelor's degree, 31.2% have a college diploma, 11% possess a master's or MBA, 10.3% have a high school diploma, 10% hold a certificate from a university undergraduate program, and 1.4% have a doctorate. On average, respondents made 27.62 healthcare claims, 51.19 drug claims, and 0.9 disability claims between 2019 and 2021 at the time of the data collection. Table 1 presents these statistics.

3.3 Measures

The study was conducted in French and English, and all instruments used in French were translated from English using a standard translation procedure (Brislin, 1980). The questionnaire was pre-tested with ten respondents to ensure that all questions were understandable. The following section presents measurement scales used to measure the concepts in this study.

3.3.1 Independent variable: measurement of health and well-being climate

A measurement scale was adapted from a pre-existing validated scale to assess employees' Health and Well-being Climate (HWC) perceptions. The scale was adapted from Zohar and Luria's (2005) Safety Climate scale to measure HWC. The scale was adapted by changing the safety-related items in the statements to match the HWC measure. For instance, in the statement "The management of this plant constantly strives to improve safety levels in each department," "safety levels" was changed to "occupational health and well-being," and "plant" was replaced with "my organization". Participants were asked to rate their agreement on a scale of 1 to 7 ("strongly disagree" to "strongly agree"), with 14 statements evaluating their perception of HWC. Sample statements include: "My organization responds promptly when aware of occupational health and well-being-related issues among employees," "My organization continuously tries to enhance occupational health and well-being in each department", "My organization regularly organizes awareness events on occupational health and well-being." Regarding the psychometric properties of this scale, the internal consistency of this instrument is $\alpha = 0.96$.

3.3.1.1 HWC scale validation

Before data analysis, we validated the Health and Well-being Climate (HWC) scale using EFA and CFA. The EFA using principal component analysis revealed one dimension (1-factor solution). The Kaiser-Meyer-Olkin index for the measure of sampling quality is 0.972, indicating that the data are suitable for this analysis. Bartlett's sphericity test was significant ($X^2 = 47{,}493.225$; $p = 0.001$). No items were removed, as all loading values were above 0.4. For the CFA, the fit indices were satisfactory (Hu and Bentler, 1999) (CFI = 0.989, RMSEA = 0.061; SRMR = 0.017;

TABLE 1 Descriptive statistics and correlations.

Variables	M	SD	1	2	3	4	5	6	7	8
1. Gender	–	–	–							
2. Age	43.48	10.43	0.108*	1						
3. Health and well-being climate (HWC)	73.45	16.78	−0.111*	0.078*	1					
4. Supervisor's HWC support	5.90	1.1	−0.015	0.007	0.510*	1				
5. Emotional exhaustion	1.05	0.84	0.003	−0.178*	−0.352*	−0.382**	1			
6. Number of disability claims	0.09	0.358	−0.049	0.057	−0.138*	−0.059	0.085*	1		
7. Number of drug claims	51.19	44.83	0.128**	0.291**	0.010	0.001	−0.021	−0.001	1	
8. Number of healthcare claims	27.62	30.62	0.081	0.0143**	0.004	0.042	−0.009	−0.021	0.421**	1

*$p < 0.05$, **$p < 0.01$.

TLI = 0.976), which gives us confidence in using this scale in our model.

3.3.2 Dependent variables: emotional exhaustion and insurance claims profile

Emotional Exhaustion: Items related to emotional exhaustion were collected using the emotional exhaustion subscale of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), comprising seven items on a 7-point Likert scale (from never to always) (e.g., "I feel drained at the end of the workday," "I feel tired when I wake up in the morning and face a new workday"). Regarding the psychometric properties of this scale, the internal consistency of this instrument is $\alpha = 0.87$.

Insurance Claim Profiles: After obtaining their consent, the research team accessed employees' group insurance claims profiles. The pairing between the employee's questionnaire and their claims profile was facilitated by the insurance certificate number provided by the employee in their questionnaire. Each employee's insurance claims profile included the annual number of disability, healthcare, and drug claims made between 2019 and 2021, according to the date the questionnaire was completed.

3.3.3 Moderating variable: supervisor's HWC support

The supervisor's support regarding HWC was measured by adapting three items from Eisenberger et al.'s (2002) perceived organizational support scale. On a 7-point Likert scale (from strongly disagree to strongly agree), respondents rated their perceived support from their supervisor concerning health and well-being, such as "My immediate supervisor cares about my health and well-being." Regarding the psychometric properties of this scale, the internal consistency of this instrument is $\alpha = 0.956$.

3.3.4 Control variable

In reference to similar study findings, we controlled for participants' age, gender, and variables that are likely to influence the variables in our model (Prasad et al., 2020; Zweber et al., 2016).

4 Data analysis

4.1 Hypotheses analysis strategy

Hypothesis analysis was conducted using IBM SPSS AMOS 28.0. Initially, we estimated the measurement model by performing confirmatory factor analysis (CFA) as recommended by Anderson and Gerbing (1988) two-step approach before conducting causal model analysis with the structural equation model. Maximum likelihood estimation was used since the data were normally distributed. All presented betas in the results section are standardized.

4.2 Measurement model

4.2.1 Confirmatory factor analysis

We conducted CFA for the latent constructs of this study following Anderson and Gerbing's (1988) approach. Several commonly used adequacy indices were used to assess confirmatory factor analysis: the Comparative Fit Index (CFI), with values of 0.90 or more indicating good fit, the Root Mean Square Error of Approximation (RMSEA), with values equal to or <0.08 indicating good fit, and the Standardized Root Mean Residual (SRMR), with values of 0.09 or less indicating good fit (Hu and Bentler, 1999). Overall, the proposed model proved to be well-fitted to our data [$X^2_{(10)}$ 17.874 = $p < 0.001$, CFI = 0.99, RMSEA = 0.017, SRMR = 0.042].

4.2.2 Common method bias

All items used in the CFA analysis were self-reported, so common method bias (CMB) could influence the results. First, Harman's single-factor test was performed. The total variance extracted was 47.7%, near the 50% threshold, suggesting there could be a common method bias (Podsakoff et al., 2003; Podsakoff and Organ, 1986). We also tested CMB using a common latent factor (CLF) in AMOS (Podsakoff et al., 2003; Serrano-Archimi et al., 2018). The chi-square test was significant ($p = 0.000$), indicating significant shared variance with our measurement method. Given the results, we retained the CLF for the structural model analyses (Podsakoff et al., 2003).

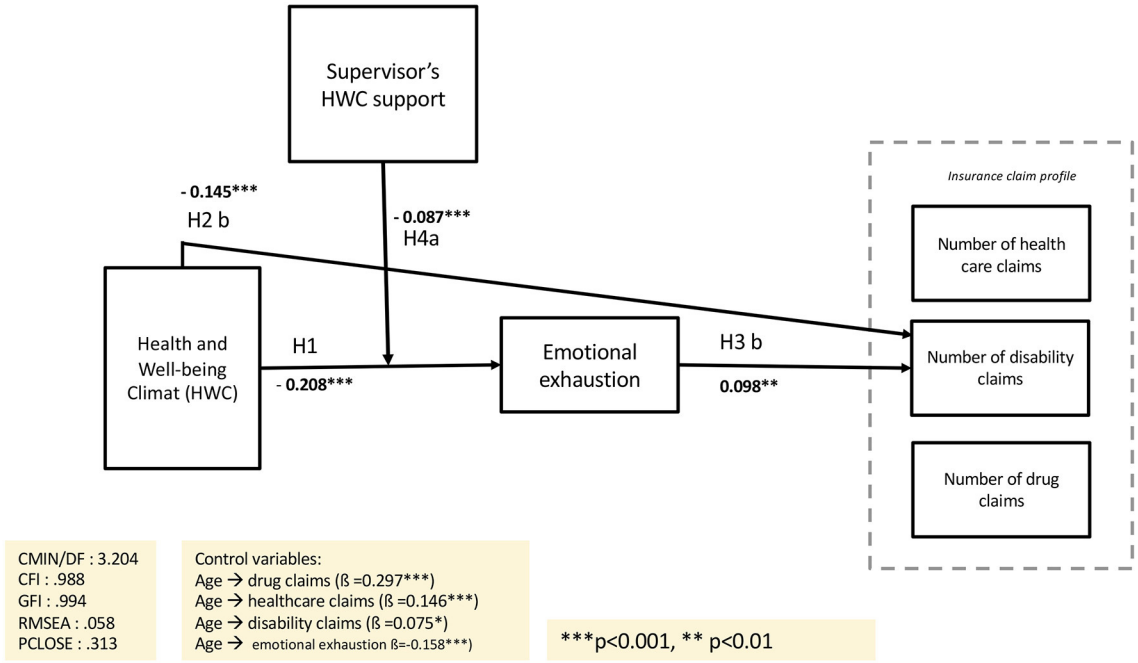

FIGURE 2
Final structural model with standardized path coefficients.

5 Results

5.1 Hypotheses testing

The first hypothesis (H1) proposed that a positive perception of HWC was negatively associated with emotional exhaustion. Our results indicate that the perception of a positive HWC is negatively correlated with emotional exhaustion, supporting hypothesis 1 ($ß = -0.208$, $p = 0.001$). Figure 2 illustrates the final structural model with standardized coefficients.

The second hypothesis (H2) suggested that HWC would negatively predict the insurance claims profile, specifically by reducing (a) healthcare claims, (b) disability claims, and (c) drug claims. The analyses revealed that HWC is negatively associated with the number of disability claims ($ß = -0.145$, $p = 0.001$), supporting hypothesis 2b. No significant relationship was found between HWC and (a) healthcare ($p = 0.441$) and (b) drug claims ($p = 0.822$), refuting hypotheses 2a and 2c.

Subsequently, the third hypothesis (H3) proposed that emotional exhaustion would be positively related to the insurance claims profile, leading to an increase in (a) healthcare claims, (b) disability claims, and (c) drug claims. The results show that emotional exhaustion has a significant positive relationship with the number of disability claims, supporting hypothesis 3b) ($ß = 0.098$, $p = 0.012$). However, no significant relationship was found between emotional exhaustion and (a) healthcare claims ($p = 0.665$) (H3a), nor between emotional exhaustion and (b) drug claims ($p = 0.407$) (H3c).

Finally, the fourth hypothesis (H4) posited that the relationship between HWC, (a) emotional exhaustion, and (b) the insurance claims profile would be moderated by the supervisor's HWC support, such that this relationship would be stronger for a high level of perceived support than for a low level. Low and high values of the supervisor's HWC support were tested at −1 Standard Deviation and +1 Standard Deviation. Regarding hypothesis 4a, the moderation effect is significant ($ß = -0.087$, $p = 0.032$), indicating that the significant negative relationship between HWC and emotional exhaustion is stronger when the perception of the supervisor's HWC support is high. Figure 3 illustrates the effect of this moderation. For hypothesis 4b, the analyses show no significant relationship ($p = 0.510$ for disability claims, $p = 0.930$ for drug claims, and $p = 0.252$ for healthcare claims). Therefore, hypothesis 4 is partially supported.

5.2 Control variables results

For control variables, participants' age is positively related to the number of drug claims ($ß = 0.297$, $p < 0.001$), disability claims ($ß = 0.075$, $p < 0.05$), and healthcare claims ($ß = 0.146$, $p < 0.001$). This result suggests that older employees tend to make more insurance claims. Additionally, age is negatively related to emotional exhaustion ($ß = -0.158$, $p < 0.001$). Finally, no significant relationship was found between participants' gender (coded 1 for male and 2 for female) and the various variables in the research model.

6 Discussion and conclusion

This article demonstrates the importance of employees' positive perception of Health and Well-being Climate (HWC), based on the Conservation of Resources theory (Hobfoll, 1989; Hobfoll et al., 2018). First, the results of this study show that the perception of

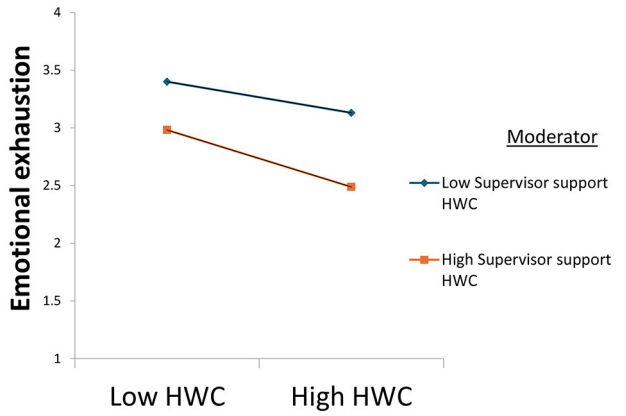

FIGURE 3
Moderating effect of supervisor support for health and well-being climate.

a positive HWC is negatively associated with emotional exhaustion and the number of disability claims. In line with the Conservation of Resources theory and the resource caravan concept (Hobfoll, 1989; Hobfoll et al., 2018), HWC acts as a resource, providing protective factors for employees, reducing the effect of emotional exhaustion and stress on employees' health, thus decreasing the number of disability claims. Additionally, the results indicate that emotionally exhausted employees make more disability claims. Indeed, having depleted significant resources (Hobfoll, 1989), emotionally exhausted employees seem more susceptible to the adverse effects of their mental state on their health, which increases the number of disability claims. An employee unable to work due to physical or psychological illnesses will apply for disability. In our sample, employees with high emotional exhaustion tended to make approximately twice as many disability claims as those with low emotional exhaustion.

However, no significant relationships were found between HWC and other types of insurance claims, such as drug and healthcare claims, nor between emotional exhaustion and either drug or healthcare claims. The cross-sectional nature of the study may explain the lack of significant relationships. Indeed, over time, people on disability leave may tend to take more drugs or file more health-related claims, which we were not able to measure in this study.

Finally, our study reveals that the supervisor's HWC support moderates the relationship between HWC and emotional exhaustion, strengthening the negative association, as the supervisor's support enhances the availability of resources for employees facing emotional exhaustion. Our results indicate that when employees perceive that their supervisor cares about their health and well-being at work, this support increases employees' resources and amplifies the effect of HWC on emotional exhaustion. This finding aligns with empirical studies and the COR theory, demonstrating that social support from supervisors is a crucial resource for employees' mental health (Dimoff and Kelloway, 2017; Mansour and Tremblay, 2016; Plaisier et al., 2007; Rudolph et al., 2020).

6.1 Theoretical implications

Theoretically, in line with the resource caravan concept and the loss spiral cycle of the Conservation of Resources theory (Hobfoll et al., 2018), the results of this study underline the importance of having a climate conducive to health and well-being at work, as well as the need to empower managers to provide resources that support employee health (Dimoff and Kelloway, 2017). In fact, the results of our study show that the presence of a health and well-being climate at work, along with a positive perception of the immediate superior's support regarding health and well-being, seems to contribute to employee well-being, with less emotional exhaustion and less disability claims. This study better explains how organizational climate and supervisor support for occupational health and well-being can provide meaningful resources to employees. This study also illustrates the phenomenon of the loss spiral of resources for employees who perceive their work environment as less conducive to their well-being.

Furthermore, this study introduces the concept of HWC, providing a new perspective for examining organizational health and well-being climate and enhancing our understanding of how an organization can impact its employees' perceptions of health and well-being at work. This concept not only broadens the scope of occupational health research but also provides useful information for organizations striving to create a supportive environment that prioritizes employee well-being.

This study also shows that the occupational health and well-being climate (HWC) is essential to employees' health. Indeed, this study demonstrates that HWC is an important vector of resources for employee health and well-being. Previous studies have sought to understand the effect of workplace health and well-being practices on employee health and organizational outcomes, often with inconclusive results (e.g., Baxter et al., 2014; Fleming, 2023; Jones et al., 2018). Our study indicates that HWC can play an essential role in this equation.

To our knowledge, very few studies have focused on the impact of occupational health and well-being climate on group insurance claims and obtained significant results in this area (e.g., Jones et al., 2018). In this study, claims data provide relevant information on employees' health. These data are generally considered more objective than employees' self-report data, which may be shaped by personal or social perceptions. Using such data reduces certain biases and offers valuable insights for evaluating outcomes related to organizational phenomena (Lohr, 1990; Konrad et al., 2019). In addition, data linkage between survey data and insurance group claims data remains under-utilized (March, 2017; Berete et al., 2023) in organizational research. Our findings with claims data demonstrate the tangible correlation between the workplace and employees' health.

6.2 Practical implications

This research demonstrates how HWC tangibly and positively influences employee well-being at work. It indicates that establishing a culture that promotes HWC in the workplace

certainly involves employees' perception of the organization's commitment to health and well-being.

In practical terms, the adapted measurement scale we used to assess employees' perceptions of Health and Well-being Climate (HWC) provides valuable insights for organizations looking to foster this culture within their workplace. An organization with a robust workplace health and well-being climate is viewed by employees as responsive to workplace health and wellness concerns, engaging in frequent discussions on the topic, supplying the necessary resources to promote this culture, involving the organization's leaders, sharing relevant information about health and well-being, and taking the time to heed employees' ideas and concerns in this area. These organizations also regularly host activities focused on employee health and well-being. As a result, organizations can use this measurement scale as an assessment tool to validate their efforts in this area.

This study also indicates that organizations promoting a culture of health and well-being in the workplace can significantly improve employees' well-being and reduce their group insurance costs. An employee on disability incurs significant direct costs (e.g., absenteeism, turnover), indirect costs (e.g., loss of productivity), and human costs (e.g., increased workload for colleagues). This underscores the importance of understanding how to prevent this type of claim.

This study's results also show that supervisor support for health and well-being strengthens the relationship between HWC and emotional exhaustion. For this reason, organizations should make managers aware of their impact on employees' health and well-being and use them as "health ambassadors".

This study also sheds light on solutions that allow organizations to stand out in a significant labor shortage. In recent years, the COVID-19 pandemic has dramatically transformed the work environment and altered how employees view their workplaces, emphasizing the importance of health and well-being. As a result, organizations need to focus on fostering a workplace that prioritizes their employees' health and well-being if they wish to stand out from the competition. Health and well-being climate is now a central issue for employee retention and should be considered essential in developing strategic human resources management.

6.3 Study limitations

This study certainly has limitations that need to be addressed. First, the data were collected at a single point in time. Although this data collection method allows for measuring phenomena without attrition, it has limitations since it is impossible to establish a causal link between the variables (Bakker et al., 2003). Longitudinal data collection could enable us to observe significant new links in the model, especially regarding changes in the perception of HWC over time and its association with employees' health and well-being.

The data were also collected during the COVID-19 pandemic, which may have influenced individuals' perceptions of their organization's HWC. Indeed, the presence of major health measures in Canada during the pandemic may have altered employees' perceptions- either positive or negative- of their HWC or the support of their supervisor during this time of uncertainty.

Additionally, the information was collected solely from organizations based in Quebec, a province of Canada. Health care access differs across countries, influencing the use of group insurance among employees.

The scales measuring HWC and the supervisor's support for HWC were adapted from validated scales. Adapting these scales carries methodological limitations that should be acknowledged in terms of validity (Heggestad et al., 2019).

Furthermore, many events in workers' personal lives can impact their mental health status and consequently influence their emotional exhaustion and claims profile (i.e., the concept of negative home-to-work spillover). Future studies should control for these aspects by examining personal life events participants.

Finally, even though respondents voluntarily chose to provide access to their insurance claims profiles, selection bias might have occurred due to the sensitive nature of this data. Employees with serious health problems may have decided not to share their claims profiles with the research team. In addition, data about the health status of the participants (e.g., BMI, smoking habits, chronic diseases, etc.) were not collected and made accessible to the researchers and, therefore, could not be controlled.

6.4 Future research directions

Several future research directions may be considered. A longitudinal study would be interesting to establish the cause-and-effect relationship between the variables. Observing more significant relationships with other types of insurance claims might be possible, as some could be exacerbated over time. The use of data linkage between survey data and insurance group claims data remains underutilized (March, 2017; Berete et al., 2023), particularly in organizational research. Additional research utilizing this type of data would be pertinent. An international comparison would also be relevant, as national policies can influence how organizations prioritize health and well-being at work, thus affecting how employees perceive HWC. As previously mentioned, the use of group insurance can vary from one country to another due to differences in access to healthcare. A study in another country, or one that allows a comparison between different countries, could, therefore, be quite relevant for comparing results. Furthermore, it would be interesting to experimentally measure how implementing health and well-being practices in an organization impacts employees' perceptions of the health and well-being climate and their insurance claims profiles.

Data availability statement

The datasets presented in this article are not readily accessible due to the confidentiality of some of the variables (insurance claims). Requests to access the datasets should be directed to: marie-eve.beauchamp-legault.1@ulaval.ca.

Ethics statement

The studies involving humans were approved by Research Ethics Board of HEC Montréal—Project #2019-3018. The studies

were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

M-ÈB: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Software, Supervision, Validation, Writing – original draft, Writing – review & editing. DC: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Software, Supervision, Validation, Writing – review & editing. SM: Validation, Writing – review & editing.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI Statement

The author(s) declare that no Gen AI was used in the creation of this manuscript.

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